

One-Time Credit Card Payment Authorization Form (New Enrollment Only)



T:1-888-371-3060
F:1-415-955-8819

I authorize Balance by CCHP to charge the debit/credit card indicated in this authorization form according to the terms outlined below. This payment authorization is for the goods/services described below, for the amount indicated below only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

| Please complete the information below | |
|---------------------------------------|---|
| Name of Applicant: | Effective Date Requested (MM/DD/YY): |
| Premium Amount: \$ | |
| Card Number: | Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard |
| Expiration Date: | Security Code: |
| Cardholder Name: | |
| Billing Address: | City: |
| State: | Zip: |
| Email: | Phone: |
| Cardholder Signature X | Date (MM/DD/YY): |

Important Notice

Any submissions or payments made do not constitute a binding agreement to your policy or coverages. Changes and payments to policies are not effective or binding until you, or any party involved, receive official notice from either your insurance agent or Balance.

If you have any questions, please contact our Sales Department at 415-955-8831.